

St. Bartholomew's Hospital



"Æquam memento rebus in arduis
Servare mentem."

—Horace, Book ii, Ode iii.

Journal

VOL. XLIV.—No. 3

DECEMBER 1ST, 1936

PRICE NINEPENCE

CALENDAR

Tues., Dec. 1.—Dr. Evans and Mr. Vick on duty.	Sat., Dec. 12.—Rugby Match v. Old Paulines. Away. Hockey Match v. Royal Naval College, Greenwich. Away.
Wed., „ 2.—Surgery : Clinical Lecture by Mr. Wilson.	
Fri., „ 4.—Prof. Witts and Prof. Ross on duty. Medicine : Clinical Lecture by Dr. Hinds Howell.	Tues., „ 15.—Dr. Graham and Mr. Roberts on duty.
Sat., „ 5.—Rugby Match v. Pontypool. Away. Hockey Match v. Surbiton. Away.	Wed., „ 16.—Surgery : Clinical Lecture by Mr. Girling Ball.
Mon., „ 7.—Special Subjects : Lecture by Mr. Capps.	Fri., „ 18.—Dr. Evans and Mr. Vick on duty. Last day for receiving matter for the January issue of the Journal.
Tues., „ 8.—Dr. Hinds Howell and Mr. Wilson on duty.	Tues., „ 22.—Prof. Witts and Prof. Ross on duty.
Wed., „ 9.—Hockey Match v. Aldershot Command R.A. Away.	Fri., „ 25.— Christmas Day. Dr. Hinds Howell and Mr. Wilson on duty.
Fri., „ 11.—Dr. Gow and Mr. Girling Ball on duty. Medicine : Clinical Lecture by Prof. Witts.	Tues., „ 29.—Dr. Gow and Mr. Girling Ball on duty.
	Wed., „ 30.—Rugby Match v. Old Merchistonians. Home.

EDITORIAL

PHYSICAL TRAINING

THE KING'S SPEECH, with its references to a comprehensive scheme for physical training, has aroused the interest of the whole nation.

With its background of political inspiration it has also aroused some little misgiving and a great deal of debate.

It is profoundly true that, for a variety of reasons, the prevailing standards of physical fitness leave much to be desired.

Our highly organized and highly expensive public health services appear in some ways to have defeated their own ends. Within the last twenty-five years the mortality from tuberculosis has been halved ; infant mortality has been reduced to 57 per 1000 births, and the death-rate from many of the diseases which once ravaged the population has been similarly diminished.

This cost us in 1936 £200,000,000. In 1941 it will cost £300,000,000 !

The result of these remarkable achievements and of this astonishing expenditure is not so wholly beneficial as might be supposed. It represents, in short, the survival of the unfit, and the upsetting of the natural means for their elimination.

It leaves us with a high percentage of the population which is being more or less artificially kept alive, and which, according to the ordinary criteria, is physically unfit.

And it is still further complicated by present-day social conditions, bearing as they do in their wake such evils as malnutrition, faulty housing, the limitation of families by those best fitted to rear them, and the indiscriminate propagation of those who unfortunately are not.

It is clear that the proper solution of the problem is to raise the physical standard of the people, and any measure which will do this is most heartily to be welcomed.

The grave difficulties which stand in the way were recently discussed in the House of Lords.

It was observed by LORD HORDER that a democracy, like an army—and especially a democracy asked to be physically fit—advances on its stomach.

He said, "I believe food to be fundamental in all questions of fitness".

He mentioned the necessity for leisure.

LORD MILNE pointed out that such schemes failed all too often because the very last person who should be in control of physical training was put in charge—the drill instructor. The difference between drill and physical training is great.

A more ominous note was struck by LORD MOUNT TEMPLE. He said, "Perhaps something will be done on a voluntary basis, and then something more on a voluntary basis; and perhaps in the end there will be something in the nature of compulsion".

During the current month DR. DONALDSON has brought forward a scheme for physical training in this Hospital.

There is no doubt that if any national measures are to be taken in this matter the medical profession, deeply concerned as it must be, should lead the way.

But is the physique of the average medical student bad? And if it is bad, is this due to lack of physical training?

The answer to the first of these questions is, we think, that while the standard is much above the general average, it is capable of very great improvement.

The second raises more difficult issues.

As LORD HORDER emphasized, food and leisure are the first pre-requisites of physical fitness.

The medical student, especially as he advances in his course, has a minimum of leisure—much less than the average artisan or city worker.

And a recent investigation has shown that the average student of this Hospital spends only sevenpence on his mid-day meal.

When it is remembered that a majority of students live in inexpensive lodgings where food is often far from being either good or adequate, one wonders whether this is not the crucial problem to be settled by any future reformers of student physique.

It is obvious that no system of physical training which ignores the foundation upon which it hopes to build can succeed. But it will be very easy, as LORD DAWSON OF PENN recently observed in a letter to *The Times*, for the essentials of physical well-being to become "obscured by a façade of playing-fields and swimming-pools".

DR. DONALDSON has stressed that a system of physical training introduced into the Hospital must be entirely voluntary.

It is certain that it would be most unacceptable in any other form.

On the other hand, we are disposed to think that the people most in need of physical culture are precisely those who would not dream of indulging in it unless compelled to do so.

And it has been suggested in some quarters that the provision of adequate squash courts, or of a swimming-pool, would afford a more congenial method of taking exercise.

However this may be, there are still real difficulties to be faced in the scheme itself.

It will hardly be possible to carry out daily training without taking the necessary time from the Hospital curriculum—a curriculum already so full that it sometimes costs the student his mid-day meal.

And time will be required not only for the training itself, but for changing before and afterwards, and for taking a shower.

If the scheme is to be comprehensive, some 700 students must be marshalled daily, and accommodation for changing and for showers provided.

These are the first problems which must confront the organizers. The concept of the scheme is admirable; the difficulties great.

With so able and energetic a man as DR. DONALDSON behind the scheme, we feel that these difficulties have the best possible chance of being overcome.

If they are, he can count upon the wholehearted support of the Hospital.

But finally, in the words of LORD HORDER, "I hope that we shall not be regimentative towards this end. I cannot think that it is necessary".

CURRENT EVENTS

DOUBLY DEAN

Our heartiest congratulations go out to Mr. Girling Ball on his election (by an overwhelming majority) as Dean of the Faculty of Medicine in the University of London.

The election took place on Thursday, November 5th, and was one of the best attended meetings the Faculty has ever had.

We, who know what it is to have Mr. Girling Ball as Dean, may well congratulate the University of London also in its good fortune. For if he achieves half as much for that body as he has achieved for us, the Fifth of November will be a red-letter day in its history.

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DR. WILLOUGHBY
AND
DR. SHEFFIELD NEAVE

It is with deep regret we record the passing of these two old Bart.'s men. Dr. Willoughby was, of course, Medical Officer of Health for the City of London, and was well loved by a wide circle of friends and colleagues.

Like Dr. Neave, he combined his profession with a wealth of other interests, being especially learned in the natural sciences, of which geology was his chief love.

Dr. Neave, on the other hand, who took up medicine while still Master of the Essex Staghounds, was devoted to the hunting field all his life, and spent a considerable period in Africa, where he managed to combine some big game hunting with his researches into sleeping-sickness in the Congo, and with his work as travelling pathologist to the Sudan Government.

He was a man of considerable financial ability, and held a number of directorships in the City.

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THE LATE SIR WALTER FLETCHER

On the afternoon of November 11th the subscribers to the Memorial Fund were invited by the Medical Research Council to view Miss Dora Clarke's portrait-bust of the late Sir Walter Morley Fletcher, Secretary

of the Council from 1914 to 1933, and former student of Cambridge and Bart.'s. The ceremony was held at the National Institute for Medical Research, Hampstead, in the library of which the bust is to be permanently placed.

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HOGARTH FAIR

We understand that this very successful enterprise of the Women's Guild is expected to yield almost £2000. We have seldom seen a project so meticulously organized and well carried out in all its details, and its success redounds to the credit of all concerned.

Among our own especially pleasing recollections is the Gin Shop, which proved a potent factor in breaking down sales resistance, and must have contributed no little to the takings, both directly and indirectly.

To take a morning coffee in the Nurses' Home was also a stimulating novelty, especially as it was delightfully served, and served by the Nursing Staff itself! As a permanent institution it has much to recommend it.

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DRAMATIC CLUB

The forthcoming Amateur Dramatic Club production, "Bees on the Boat Deck", by J. B. Priestley, is described as a farcical tragedy. Rehearsals are already in progress, and the show will go on in the Great Hall on the evenings of January 12th, 13th, 14th and 15th, 1937.

Tickets will be available on and after January 1st, and since the number available for students is limited, early application after that date is requested.

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BALL AT GROSVENOR HOUSE

The Students' Union's Annual Ball was again held at Grosvenor House, and was attended by the usual large

gathering of old and young Bart.'s men with their beautiful and distinguished ladies. That the company was well groomed and magnificently gowned goes without saying; even if the cabaret was a little disappointing, the evening was a merry one, and the dance-floor crowded with a gay throng.

Among those who brought parties were: The President, Dr. Roxburgh, and Mrs. Roxburgh, Dr. and Mrs. C. F. Harris, Mrs. James Maxwell, Mr. and Mrs. Rupert Scott, Dr. and Mrs. Wilfred Shaw, Lord Wakefield, Mr. and Mrs. Girling Ball, Dr. W. J. Hamilton, Miss Hartridge, Mr. and Mrs. Higgs, Mr. and Mrs. Hume, Mr. and Mrs. J. E. H. Roberts, Major Woodhouse, Mr. and Mrs. Harold Wilson, Mr. Rait-Smith, Mr. Jewesbury, Mr. Capps, Mr. Naunton Morgan, Mr. Hanbury-Webber, Mr. and Mrs. Ronald Gibson, Dr. Bodley-Scott, Dr. and Mrs. Darmady, Mr. George Ellis, Mr. Coupland, Mr. Burnham-Slipper, Mr. and Mrs. Armstrong, Mr. Slowe, and Dr. Avery-Jones.

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RUGGER CLUB DINNER

Following the match against Dr. Darmady's XV, a dinner was held at the White Hart Hotel which was attended by about forty members and a sprinkling of guests. A delicious meal was followed by some short but pleasing speeches, notably from Dr. C. F. Harris, who took the chair, Mr. F. C. W. Capps, and the captain, J. C. Newbold. Subsequently the evening was given up to wine and song, of which a surprising amount was good; most of the songs seemed to be variations on the theme, "He lived in affluence and died in great pain", but no one deemed it necessary to point the obvious moral. J. B. Wheelwright and his "plonk" were a tower of entertaining strength.

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SQUASH COURTS APPEAL

We have already appealed to our readers for funds to help build new squash courts at Charterhouse, and though the response has been encouraging, it is still very far from adequate.

It is hoped that it will not be necessary to charge students for the use of the new courts, and a determined effort is being made to raise a sufficient sum before the end of the year.

The Hospital, in the meantime, remains bottom of the Junior League.

Contributions should be addressed care of Mr. R.

Hanbury Webber or Mr. M. C. Roberts, Hon. Secs. of the Students' Union, St. Bartholomew's Hospital.

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THE MILSOM REES SCHOLARSHIPS

The applications for these scholarships must be made not later than February 20th, 1937, to the Headmaster, Port Regis Preparatory School, Broadstairs. As we stated in our last issue, there are two of these scholarships each worth £100, and awarded annually to the sons of medical men. Candidates must be under nine years of age, and the award is tenable until the holder leaves school.

Sir Milsom is an old Bart.'s man, and would especially like to have the sons of Bart.'s men as candidates. If a sufficient number were to apply he might consider giving a special scholarship.

The holders will be chosen by interview from among the boys who do best in a simple exam. conducted in or near their homes.

We cannot commend this school too highly to old Bart.'s men.

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CAMBRIDGE GRADUATES' DINNER

The Annual Dinner of the Club was held at the Mayfair Hotel on Wednesday, November 18th, and was well attended, especially by the younger generation. The Master of Emmanuel, who was in the Chair told the company that he was known as "Master Hele" in the U.S.A., while Dr. George Graham went further into the Hele nomenclature in a polished speech which reviewed the derivations of the Master's many nicknames.

Other speakers of the evening were Dr. Morley Fletcher, who claimed to be the only foundation member present, and Mr. Reginald Vick, who welcomed Mr. Underwood as his new co-secretary.

The meeting was subsequently entertained at Mr. Vick's residence, where the usual celebrations were held, including the time-honoured unfolding of the tale of "Hairy-Rouchy", which was admirably performed by the host, and the equally traditional singing of the "Twelve Apostles".

AT HIS MAJESTY'S.

You shall see if there you go
Juliet and Romeo;
Leaving, you will not have met
"Romeo and Juliet".

N. E. S.

1736-1936

"The mastoid process was opened for the first time in the history of surgery by Jean-Louis Petit in 1736."—GARRISON.

THOSE who take the trouble to read Petit's own account of the mastoid operation in his *Traité des Maladies Chirurgicales* will find that it was

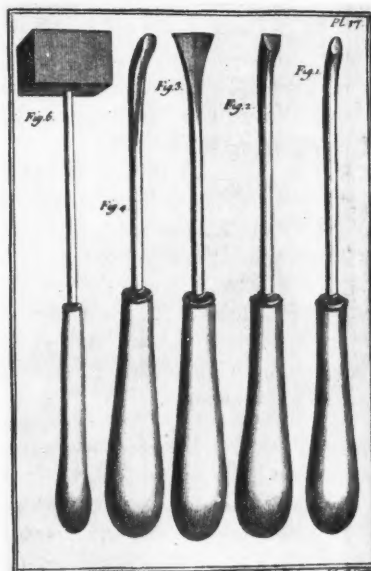
undertaken only after the most painstaking and thoughtful research into the anatomy and pathology of the temporal bone, and against the advice of his more conservative colleagues. He operated because he felt certain in his own mind that infection spreading from the pharynx to the ear could extend between the tables of the skull and even into the cranial cavity; and that the compact bone of the outer table, by preventing the spread of supuration to the surface, favoured a more extensive involvement of the diploë, and subsequent penetration of the inner table. He argued that the removal of the bone covering the mastoid would

Jean-Louis Petit was regarded by his contemporaries as the greatest French surgeon who had ever lived, and one of his eulogists said of him that if surgery had not been known before his time he would have created it. He was born in 1674, and from his infancy he is said to have shown unusual mental alertness and penetration.



JEAN-LOUIS PETIT. 1674-1750.

The celebrated anatomist Littre was a friend of Jean-Louis' father, and as they lived in the same house the child naturally wandered into the dissecting-room. Anatomy seems to have had an extraordinary fascination for him, and by the age of seven he was assisting Littre regularly in his work. His must have been a strange childhood, for dissection took the place of games, and anatomy was his only education. When he was nine years old Littre commonly left him to make his preparations, and even to give his demonstrations, mounted on a chair so that he might see and be seen by the class. The lack of a general education and a



SOME OF THE INSTRUMENTS USED BY JEAN-LOUIS PETIT IN HIS OPERATIONS UPON THE SKULL AND THE MASTOID.

relieve pain and accelerate the natural process of cure, and the book shows clearly how delighted he was when experience proved him correct.

grounding in classics was a severe handicap to him in later life, and it is pathetic to read of the brilliant surgeon of forty striving to learn Latin so as to be able

to meet his less distinguished colleagues on equal terms.

His skill and especially his judgment won him an international reputation, and many tempting offers were made to him to leave France, but he preferred to stay at home in order to try to raise the standard of surgery in his own country. Surgical teaching especially had declined in the latter part of the seventeenth century, but when the revival set in, Petit was chosen first as a Demonstrator of Anatomy and Surgery in the school of St. Côme, and was later made the first Director of the Royal Academy of Surgery. He thus achieved his great object, making many important contributions to the science of surgery, especially in regard to the mechanism of the arrest of hæmorrhage, the surgery of the lacrimal ducts, hernia, head injuries (laying down clear indications for craniotomy in such cases), amputations and genito-urinary surgery, adding to each subject some fresh anatomical or physiological observations, and introducing ingenious improvements in surgical technique.

His book, which was first published in 1770, twenty years after his death, was written in the conversational style of clinical lectures, and bears eloquent testimony to the fertility of his mind and the maturity of his judgment, as well as to his modesty and passion for truth. "Mistakes," said he, "are but faults if we have the courage to confess them; but if in our pride we conceal them they become crimes". He must have become fairly well acquainted with English surgeons of his day, for he was made a Fellow of the Royal Society, and was sent over to investigate the notorious case of Mary Toft, the Guildford rabbit-breeder.

It is strange that in the rather fulsome tributes paid him by his many worshippers little notice has been taken of his pioneer work on suppuration in the mastoid. It may be that they regarded it as but one example of osteomyelitis, about which his teaching was so well known. Time has established the greatness of his contribution to the surgery of the ear, and we should not let this two-hundredth anniversary pass without offering our homage to his genius.

J. P. R.

(I am indebted to Sir D'Arcy Power for drawing my attention to a paper on the History of the Mastoid Operation by the late Sir Charles Ballance, and to Miss Vaughan for making the reproductions of illustrations in Petit's book.)

THE CONCEPT OF THE COLLECTIVE UNCONSCIOUS

By C. G. JUNG.

PROBABLY none of my empirical concepts has met with so much misunderstanding as the concept of the collective unconscious. In the following paper I will try to give (1) a definition of the concept, (2) a description of what it means for psychology, (3) an explanation of the method of proof, and (4) some examples.

(1) DEFINITION.

The collective unconscious is a part of the psyche, which can be distinguished from a personal subconscious by the fact that it does not owe its existence to personal experience, and consequently is not a personal acquisition. While the personal subconscious is made up essentially of contents which have at one time been conscious, but which have disappeared from consciousness either by having been forgotten or repressed, the contents of the collective unconscious have never been in consciousness, and therefore have never been individually acquired, but owe their existence exclusively to heredity. The personal subconscious consists for the most part of complexes; the essence of the collective unconscious consists of the *archetypes*.

The *concept of the archetype*, which is an indispensable correlate of the idea of the collective unconscious, indicates the existence of forms in the psyche, which are omnipresent although unconscious. Mythological research calls them "motives"; in the psychology of primitives they correspond to LÉVY-BRUHL's concept of "*représentations collectives*"; and in the field of comparative religion they have been defined by HUBERT and MAUSS as "categories of imagination". From these references it should be clear enough that my idea of the archetype—literally a pre-existing form—is not exclusively my concept, but is also recognized and named in other fields of knowledge.

My thesis, then, is as follows: In contrast to the personal nature of the conscious and the unconscious psyche, there is a functional system of a universal, collective, and *non-personal* character. It does not develop individually, but is inherited. It consists of pre-existent forms, which can only become conscious secondarily, and which give a definite form to the contents of consciousness.

(2) THE PSYCHOLOGICAL MEANING OF THE COLLECTIVE UNCONSCIOUS.

To-day we are mainly concerned with *medical psychology*, which has grown out of professional practice and

insists on the *personal* nature of the psyche. I mean primarily the views of FREUD and ADLER. It is a *psychology of the person*, and its ætiological or causal factors are regarded almost wholly as personal in nature. None the less, this psychology is based upon certain general biological factors, for instance, on the sexual instinct or on the urge towards self-assertion—by no means merely personal peculiarities. It is forced to do this inasmuch as it lays claim to being an explanatory science. None of these views denies pre-existent instincts common to animals and man alike, nor their significant influence on personal psychology. Yet instincts are non-personal, universally distributed and hereditary presuppositions of a dynamic, that is, of a motivating character, which very often fail so completely to reach consciousness that modern psychotherapy is faced with the task of helping the patient to become conscious of them. Moreover, the instincts are not vague and indefinite in character, but specifically formed motive forces, which, long before there is any consciousness, and despite any degree of consciousness later on, pursue their inherent goals. Consequently they form very close analogies to the archetypes—so close, in fact, that there is reason for assuming that the archetypes are the unconscious images of the instincts themselves.

The hypothesis of the collective unconscious is, therefore, just about as daring as the assumption that there are instincts. One may admit without hesitation that human activity is influenced to a high degree by instincts—apart from the rational motivations of consciousness. Now, when the assertion is made that our fantasy, perception and thinking are likewise influenced by inborn and universally present principles of form, it seems to me that a normally functioning understanding can discover in this idea just as much and as little mysticism as in the theory of instincts. Or, are we to regard the pre-existent “categories of judgment” in KANT’S “*Critique of Pure Reason*” analogous in every way to my concept, as nothing but mysticism? Although this reproach of mysticism has often been brought against my concept, I must emphasize again that the concept of the collective unconscious is neither a speculative, nor a philosophical, but an empirical matter. The question is simply this, Are there or are there not such universal forms? If they exist, then there is a region of the psyche which one can call the collective unconscious. Moreover, if such an unconscious is present psychological explanation must take notice of it, and submit certain alleged personal ætiologies to a sharper critique.

Some Concrete Examples.

What I mean can perhaps be made clear by a concrete example. You have probably all read FREUD’S

discussion of a certain picture of LEONARDO DA VINCI’S—“St. Anne with Mary and the Christ Child”. Freud explains the noteworthy picture from the fact that Leonardo himself had had two mothers. This causality is personal. We will not pause over the fact that such pictures are far from unique, nor over the minor inaccuracy that St. Anne is the *Grandmother* of Christ, but will point out that interwoven with the apparently personal psychology there is a non-personal motive, well known to us from other fields. It is the **motive of the two mothers**, an archetype to be found in the field of mythology and religion in many variants, and forming the basis of numerous *représentations collectives*. I might mention, for instance, the **motive of the double-descent**, that is, descent from both human and divine parents, like Heracles, who, because of an unwitting adoption by Hera, received immortality. What is myth in Greece is even a ritual in Egypt. There the Pharaoh is both human and divine in nature. In the birth chambers of the Egyptian temples, the Pharaoh’s second divine conception and birth is represented on the walls—he is “twice-born”. This is an idea which is the basis of all re-birth mysteries, including those of Christianity. Christ Himself is twice-born: through His baptism in the Jordan He received His re-birth out of water and spirit. Consequently in the early Church, in the *sacramentarium Gelasianum*, the baptismal font is designated as the *uterus ecclesiae*; and, as one may read in the Roman missal, it is called this even to-day in the benediction of the font on the *sabbathum sanctum* before Easter. However, according to an early gnostic teaching, the spirit, which appeared in the form of a dove, was conceived of as Sophia: Sapientia, Wisdom, and as the mother of Christ. Due to this idea of dual parentage, children to-day, instead of having good and evil fairies, who carry out a “magical” adoption with curses or blessings, are given sponsors, namely, a “godfather” and a “godmother”.

The idea of a second birth extends throughout time and space. At the time of the first beginnings of medicine it is to be found as a magical means of healing; in many religions it is the mystical experience; it is the central idea of medieval, natural philosophy, and last, not least, the infantile fantasy of many small and “grown-up” children, who believe that their parents are not their real parents, but merely adopted ones, to whom they have been handed over. BENVENUTO CELLINI, for instance, as he himself relates in his autobiography, also had this idea.

The Fantasy of the Two Mothers.

Now it is absolutely out of the question that all of the individuals who believe in a dual descent have in

reality always had two mothers, or conversely, that those few who share LEONARDO'S fate have infected the rest of humanity with their complex. The fact is, one cannot avoid assuming that the universal presence of the dual birth fantasy, and with it, the fantasy of the two mothers, answers an omnipresent human need pictured in this theme. Now if LEONARDO DA VINCI actually portrayed his two mothers in St. Anne and Mary—which I doubt—he none the less was only expressing something which countless millions of people before and after him have believed. Likewise the *vulture* symbol, which FREUD has also treated, in the same essay makes this view all the more plausible. He quotes, with justification, as the source of the symbol, the *Hieroglyphicá* of Horapollo, a book much in use at that time. There you read that vultures are female only and symbolically mean the mother; they *conceive through the wind* (Greek: *pneuma*). This word *pneuma* took on the meaning of "spirit", chiefly under the influence of Christianity. Even in the account of the miracles of Pentecost, "*pneuma*" still has the double meaning of "wind" and "spirit". In my opinion, this fact points without doubt to Mary, who, *virgin* in nature, conceived from the "*pneuma*", that is, *like a vulture*. Besides this, according to Horapollo, the vulture is also the symbol of Athene, who sprang directly from the head of the highest god, was a virgin, and knew only spiritual motherhood. All this points really to Mary and to the re-birth motive. There does not exist a shadow of evidence that Leonardo meant anything else by his picture. If it is correct to assume that he identified himself with the Christ Child, he was in all probability representing the dual mythical motherhood, but by no means his own personal history. And what about all the other artists who have represented the same motive? Surely not all of them had two mothers?

The Field of the Neuroses.

Let us now transpose LEONARDO'S case to the field of the neuroses by assuming that it is a question of a patient with a mother complex, and that he is suffering under the delusion that the cause of his neurosis consists in his having had really two mothers. The personal interpretation would have to admit that he is right and yet, actually, it would be quite wrong. For, in reality, the cause of his neurosis would lie in the reawakening of the archetype of the dual mother, quite apart from any question whether or not he had one or two mothers, because, as we have seen, this archetype functions individually and historically without any connection with the relatively rare occurrence of dual motherhood.

It is, of course, tempting to presuppose so simple and personal a cause, yet, the hypothesis is not only

inexact, but wholly false. It is, of course, difficult to understand how a dual mother motive, unknown to a physician trained only in medicine, could have so great a determining power as to produce the effects of a traumatic condition. But if we consider the enormous powers lying hidden in the mythical sphere of man, the causal importance of the archetypes becomes less fantastic. In fact, numerous neuroses occur, showing disturbances, which arise from the very fact that the psychic life of the patient lacks the co-operation of these driving forces. None the less, the purely personal psychology, through the reduction to personal causes, tries its level best to deny the existence of the archetypal motives, and even seeks to destroy them in personal analysis. I consider this a rather dangerous procedure. To-day you can judge better than you could twenty years ago the nature of the forces involved. Can we not see how an entire great nation is revivifying an archaic symbol—yes, even archaic religious forms—and how this new emotion is influencing the individual in a revolutionary and transforming manner? The man of the past is alive in us in a degree of which we did not dream before the war, and in the last analysis, what is the fate of great peoples but a summation of the psychic transformation of individuals?

The Rise of the Swastika.

In so far as a neurosis is really only a private matter, that is to say, having its roots really only in personal causes, archetypes play no rôle at all. But if it is a matter of a general incompatibility or an otherwise injurious condition producing neuroses in a relatively large number of individuals, then we must assume the presence of archetypes. Since neuroses are in most cases not only private concerns, but social phenomena, we must also assume the presence of archetypes in most cases; the kind of archetype corresponding to the situation is revived, and as a result those explosive and hence so dangerous motive powers hidden in the archetype come into action, frequently with unpredictable results. There is even no evil to which people under the rule of an archetype will not fall a prey. If thirty years ago anyone had dared to predict that the psychological development was tending towards a reawakening of medieval persecutions of the Jews, that Europe would again tremble before the Roman lictor bundles and the tramp of the legions, that one would once more give the Roman salute, as two thousand years ago, and that in place of the Christian cross an archaic Swastika would lure on millions of warriors ready for death, that man would have been hooted at as a mystical fool. And to-day? Surprising as it may seem, all this absurdity is an awe-inspiring reality.

Private life, private motives and causes and private neuroses have become almost a fiction in the world of to-day. The man of the past who lived in a world of archaic *représentations collectives* has risen again into a very visible and painfully real life, and this not only in a few unbalanced individuals, but in many millions of people.

There are as many archetypes as there are typical situations in life. Endless repetition has engrained these experiences into the psychic constitution, not in the form of pictures filled with content, but at first only as *forms without content*, presenting merely the possibility of a certain type of perception and action. When something occurs in life which corresponds to an archetype, then the latter becomes activated and a compulsoriness appears, which, like an instinctual reaction, gains its way against reason and will, or produces a conflict increasing to the point of pathology—that is to say, a neurosis.

(To be continued.)

(We believe this Journal to be the first Hospital periodical in England to obtain an article from the pen of Prof. Jung. We take great pride therefore in presenting it to our readers. It will appear in two instalments.)

TRIOLET.

The circular Dean
Was in Charterhouse Square.
It's easily seen
The circular Dean
Wouldn't fit—what I mean
There'd be corners to spare
If the circular Dean
Was in Charterhouse Square.

△

INTERLUDE IN THE SUN

IT is said of Madrid that it is the noisiest city in the world. I came to believe it. At 7.30 p.m. the roar of the city surpasses imagination—the screech of the klaxon, the chatter of the people, the cries of the hawkers, who sell anything: postcards, maps, a green lizard—"Cinco pesetas, Señor"—ties, shirts, cameras, steel rulers, tinted spectacles, and the inevitable State lottery ticket.

A sense of unrest? A strike of tram-drivers in San Sebastian, of waiters and bull-fighters in Madrid, were but the outward sign of a more sinister, indefinable undercurrent.

"Señor, there are twenty million people in Spain, and believe me, there are twenty million different opinions! They cannot agree. Here in Catalonia all is quiet. Nothing happens."

It was very warm. The cities were behind me. I inclined to agree. There was an avenue of palms stirred by a gentle breeze—a sea that invited and was warm as a fine Amontillado, that slept with just an occasional ripple to divide it from the sky—not a cloud.

Spain became Mohammedan in the eighth century, and their rapid invasion argues but little resistance on the part of the people. Using the culture of Greece and Rome as a basis rapid developments took place. A vast encyclopædia was composed which served as the main text-book of medicine among the Arabic-speaking people and in the Latin West until the seventeenth century, and in which measles was described for the first time and carefully distinguished from smallpox.

They studied physiology and hygiene, and in point of sanitation their cities compare favourably with the Spain of to-day. Their materia medica was practically the same as ours to-day. Many of their methods of treatment are still in use. Their surgeons understood the use of anæsthetics, and performed some of the most



CANNON BALLS IN SUN.

difficult operations known. At the time when in the rest of Europe the practice of medicine was forbidden by the Church, which expected cures to be effected by religious rites performed by the clergy, the Moors had a real science of medicine. The Moriscoe influence led to the founding of the first medical schools in Christendom.

In optics they corrected many of the current misconceptions concerning the nature of light and discussed the true nature of refraction. They applied mathematics to astronomy and physics, introduced algebra, and raised chemistry to a science. They invented the pendulum and the mariner's compass. They built the first observatories in Europe. They introduced the culture of sugar, rice, silk and cotton. The potteries of Malaga, the cloth of Mercia, the silk of Granada, the leather of Cordova, the weapons of Toledo were renowned throughout the world.

The control of the country fell to Christian hands in 1492 with solemn stipulation, sworn by Ferdinand and Isabella, that surrender would permit the Moors to live "in their laws and faith inviolate". But they were 'heretics', and what was the stipulation but a mere scrap of paper? They were robbed, murdered, persecuted, exterminated, expelled from the country, pillaged, sold into slavery, and sent to the galleys.

And what was once the rebirth of science became the rebirth of the Church. Spain made itself the most Christian country in Europe, and at the same time the most decadent.

She divested herself of her intellectual element by Jewish and Moorish expulsion. There were fifty colleges in Mohammedan Granada and its environs; schools were attached to every mosque and public libraries were established. Later there were upwards of 9000 monasteries in Spain, and Sevilla alone occupied 14,000 chaplains.

Centuries later Copernicus was denounced, Bruno burnt, and Galileo imprisoned by the Christians for teaching what had been familiar to the Spanish Moslems and Jews for the better part of a thousand years.

Perhaps it is unwise at the present time to form too concrete an opinion of the current Spanish conflict when Press reports are at variance. A leading article in a London daily paper recently stated that "our denominations are showing the utmost sympathy for the Spanish Catholic Church in this hour of its anguish, recognizing the noble work it has done in the past". Perhaps Madrid remembers. Suffice it to comment that it is indeed a paradox that the Church which expelled the Moors now obtains their support to expel another power.

The pendulum swings. Which way?

KENNETH VANDY.

THE DEVIL IN HARLEY STREET

"If Beelzebub himself came here and said, 'Doctor, I'm ill, cure me,' I should do my utmost for him. And so I feel sure would any of us. I can picture the scene. Enter the Devil, rather nervous. There is something unusual about the situation . . . bother this inferiority feeling . . . tries to cover it with a shake of the hand that is a shade too hearty . . . walks round a little, but is motioned to what, after all, can only be the patient's chair . . ."

—Extract from Lord Horder's inaugural address at the opening of the Westminster Hospital Medical School.

IT was a dull day, for two patients had at the last minute telephoned to cancel their appointments, and left me with an unwelcomed gap in my late afternoon programme. Two hours with nothing to do! I looked out of the window at the grimy Harley Street chimney-pots; hostile, menacing and ugly were



these old Georgian houses. All that could be said of that drab scene was that it matched the colour of the thoughts within me; nothing seemed worth doing.

The sound of an opening door broke in on my meditation. My secretary had entered with the news that a gentleman who refused to give his name was in the waiting-room, hoping to see me. Named or nameless, a patient was better than nothing, so I asked her to show him in. The door opened again to admit my anonymous visitor. He stood for a moment hesitating on the threshold and then, pulling himself together, strode into the room and seated himself, without waiting to be asked, in the vacant chair beside my desk. His clothes were distinctly vulgar, and reminiscent of other days—black and white check trousers, a braided coat, patent leather boots, a fawn waistcoat and light-coloured gloves, which he placed carefully across his knees, and was now smoothing out with the tips of his fingers. I had had time to notice that he walked with a limp, and was wearing a thin red ribbon tied round the upper part of his left arm. Altogether an unpleasant fellow seemed this middle-aged man who had refused to give

his name. "Check trousers, suffers from rheumatism and has been vaccinated against smallpox!" Where had I read that description? Surely it was in some book a year ago? The answer came to me in a flash—Dostoevsky's description of the Devil in *The Brothers Karamazov*. I looked at him with a newborn interest. At that moment he raised his head, and I noticed a joyless smile, behind which lurked anxiety and irritation.

"Doctor, I am ill. Cure me." Then briefly he outlined his symptoms—a weight on the top of the head, a sinking in the pit of the stomach, loss of appetite, insomnia and an inexplicable depression.

"From what you tell me, my good sir," I answered, "you are not exactly in my line. You should have consulted a physician."

The smile on his face crumpled into an angry frown, as he muttered, "I have just come from one—Lord Horder".

"Then you couldn't have chosen better. He is quite the right man for you. But tell me, as a matter of interest, what did he make of your case?" Without answering the Devil got up from his chair and limped to the window, turning his back on me. I could see that he was struggling with his emotions, too angry to speak. Suddenly he swung round.

"Treated me kindly, took pity on me, patted me on the head as though I were a sickly child, and ended by telling me that I was suffering from . . ."—he made a supreme effort, but the words would not come. So tactfully I turned my eyes from him in the hope of lessening his embarrassment—" . . . from an inferiority complex," exploded my patient, and, exhausted by his effort, crawled back to the chair and crumpled up on its cushions. A long silence followed whilst he was struggling to regain his composure. This he succeeded in doing by stages, finally throwing out his chest and raising his head proudly.

"Do you know who I am? I am Beelzebub—His Satanic Majesty—Lucifer—the Devil!"

"I had guessed," I answered quietly.

"Then you can understand how I felt—treating me like a nobody, *me*, the Prince of Darkness! But I will get him yet." The Devil's eyes glittered, and with the tip of his tongue he moistened his lips.

"You get us all some time or other," I muttered under my breath. But his hearing was acute, and my words brought comfort to his wounded pride. He rose and grasped me warmly by the hand.

"I knew that you would understand and dispute that diagnosis"—the words still came with difficulty—"an inferiority complex!"

"It is the only point on which we agree," I admitted.

"Neither you nor I nor anybody else sees himself as anything but superior. It is only the position we occupy in the estimation of *other* people that we judge to be inferior. We ourselves are never inferior, but other people will not admit our superiority. That is our difficulty."

"Exactly," agreed the Devil. "And Horder treated me like a nobody; Me, whose kingdom is the world." He had risen to his feet, sweeping his arms dramatically round the room. But his vaccination hurt him, and he dropped them suddenly to his side.

"The world of small things," I murmured.

"What on earth do you mean?" exploded the Devil, sitting down again.

"Look here," I answered, leaning forward, "let us at least try to be honest with each other. You know as well as I do that Milton's picture of you as an ambitious angel 'dropped from the zenith like a falling star' is pure bunk. There is nothing big about you nor in anything you stand for. On the contrary you work by cheapening everything, belittling, bringing things to the same low level, exchanging birthrights for a mess of pottage. Why, I even sensed your presence in my waiting-room long before you entered."

"Ah, you felt my power."

"Yes, your power to make nothing seem worth while. Slander is your *métier*, and that is why I said your kingdom was the world of little things. You are indeed the disease from which you are suffering."

"What disease?"

"The nameless depression, the sinking in the stomach, all those useless fears and worries about things that might happen but won't, like catching smallpox. I hope that your arm will go septic."

The Devil fingered his gloves nervously. Suddenly he got up and made for the door. Just before he reached it he turned round and shouted angrily, "I am going back to Horder. At any rate he was kind and polite".

"He deals with a less brutal side of therapeutics. Physicians are more gentlemanly than surgeons," I retorted, "or perhaps he dislikes you less than I do."

But the door had shut with a bang, and I doubted whether he had heard me. Phew! How oppressive the atmosphere had become! Going over to the window I threw it open and looked out again over the chimney-pots of Harley Street. What a pleasant pattern they made against the opalescence of the sky, and how festive seemed the mews below me with lights appearing behind the little windows! Friendly, reassuring, and even beautiful were those old Georgian houses.

KENNETH WALKER.

STUDENTS' UNION

ACTION Among the innovations of the month is the excellent step taken by the Union in fitting the Charterhouse gymnasium with appliances. This work is already under way, and the horizontal bars, vaulting horses, climbing ropes, etc., which are to be installed will soon be ready for use. It is not yet known whether they are to play a part in the new physical training scheme, but at all events they will be available at all times. It is hoped to add a rowing machine or a mechanical exerciser at some later date.

In the meantime, work with the new Squash Courts is temporarily held up while the legal processes of serving building notices on our

next-door neighbours are complied with. It need hardly be said that the shortage of funds for this very necessary building is acute, and it is to be hoped that liberal subscriptions will be forthcoming in response to the recent appeal.

A determined effort is being made by the Union to popularize the Hospital Catering Department. Among the changes brought about by recent consultations is the new ninepenny lunch. Other changes in the Department are confidently forecast.

SPORTS NEWS

RUGBY FOOTBALL The season is now well advanced, and the progress made by the Hospital side in the last few weeks has been enormous; all departments of the XV have shared in this improvement, and the team now plays together as a team, and, what is more, as a good team. With St. Mary's falling away from the good form of the last few seasons, with Guy's still having cricket scores piled up against them, and with London no better than they should be, the provisional forecast would seem to be that we shall meet St. Thomas's in the final of the Hospitals' Cup.

Played at Winchmore Hill. *Won*, 10—4.

A "Charity Match" in aid of the College Appeal Fund against **Dr. Darmady's XV** was less successful than it deserved to be, owing to the inclemency of the weather (cats and dogs, indeed!); however, what the spectators lacked in numbers they made up for in enthusiasm, but your correspondent believes himself to have been the only one to support Dr. Darmady's XV vocally (too much of a mouthful!).

A few of the selected stars failed to appear in the Darmady firmament; perhaps they were obscured by low-lying clouds! No matter; very efficient substitutes were obtained from Cambridge and Bart's. The Hospital side played quite well, showing much more life than usual, especially among the forwards, who obtained the ball from most scrimmages. The backs, handicapped by the wretched conditions, were fairly evenly matched; Pleydell made some strong runs down the left wing, and Little, on his first appearance as a full-back, did the little he had to do adequately and safely.

Played at Winchmore Hill. *Won*, 8—6.

One has no wish to "set oneself above one's station", but it seems a pity that a side with a first-class fixture-list should have to play such a mediocre team; in future years the cry must be: The Army or Nothing.

Against an **Army Trial XV**, considering the mediocrity of the opposition, we should have won by a much greater margin; and so we would have done but for a regrettable weakness in finishing and an unfortunate wildness at critical moments. Too often the ball was hurled aimlessly away, sometimes straight to an opponent; Evans was the worst offender in this respect. Burrow made a welcome return to the side in this match, and showed flashes of his old brilliance, specially with the ball at his feet. The game was very ably controlled by C. H. Gadney.

Played at Winchmore Hill. *Lost*, 0—11.

On a somewhat sticky pitch the Hospital side played what was undoubtedly its best game of the season up to that date against the **Wasps**. The Wasps are well known to be an extremely efficient side, who had, up to the time of going to press, won all their matches. That the Hospital had as much of the advantage, territorially, as their opponents is as true as that the Wasps were better at backing up, both in attack and defence, than we were.

Although the whole side played well, none played better than Hearn and Pleydell; the former showed all the dash and skill for which he is rapidly becoming famous, and cries of "Well done, Hearn", and "Well done Hearn, again", were often heard from the touchline. The latter is a rapidly improving player, whose

defence is already good, and whose running is determined if a little lacking in pace—a blemish which is not beyond repair with the right kind of training.

It was pleasing to see the forwards playing with an amount of zest which has, seemingly, been lacking hitherto; a certain slowness about the field, which was still apparent, may be attributed to the fact that they are not yet in the best of training. Captain Newbold returned to the team for this match, and set an admirable example by going hard from start to finish. Mundy, Ellis and Burrow were the best of a hard-working pack.

At least one of the Wasps' scores was decidedly lucky, and we were unlucky not to score on more than one occasion.

St. Bartholomew's Hospital v. Old Haileyburians

Played at Winchmore Hill. *Won*, 19—14.

St. Bartholomew's Hospital v. Rugby

Played at Rugby. *Lost*, 5—15.

These two fixtures were arranged for the same day, and the "A" XV were sent to *Rugby* to fulfil what was considered by many to be the harder engagement. Let it be said at once that they acquitted themselves very well indeed, and were, in fact, leading until twenty minutes from "no-side". The Bart.'s attack may have been a little uninspired, but they were handicapped by not getting the ball from the scrum; the defence was extremely stubborn.

The 1st XV were in excellent form against the *Old Haileyburians*. Candler and Laybourne exchanged places, the former returning to his old position at fly-half, where he displayed the sound judgment and skill which earned him his place in the England side. Laybourne seemed a little lost at times in his new position, but on the whole did rather better than might have been expected. Evans and Griffiths formed a very effective wing, the latter scoring one really magnificent try. Pleydell again showed up well, constantly making ground by strong running, and bringing off some fine old-fashioned tackles such as we have not seen for a long time. Hearn and Little also played well, though the latter's kicking might be improved.

It would be invidious to select any forward for special mention, since all were good—indeed far better than they have been before. The support accorded to the three-quarters in attack was considerably in advance of previous efforts, and resulted in the scoring of two tries at least.

BOXING The Orange Cup.—"Atqui sciebat quæ sibi barbarus tortor pararet."

There are yet those who, old and decrepit though they may be, will stand up in an enclosure far too small for dignified retreat, and allow young and vigorous tortors to batter them into a meaningless pulp. The occasion was the annual competition for the Orange Cup between Clinicals and Preclinicals, and from the fact that so many people paid to watch such an exhibition, even in a good cause, one can only suppose that, in past years, there has been more boxing than butchery. However, the evening was not entirely devoid of "entertainment value"; there was some good boxing, notably by Bose, who won one of the only two bouts which were credited to the Clinicals—Storey won the other. We also saw some good boxing in a couple of exhibition bouts, one between two lightweights, Rutledge and Ismay, the former of whom showed

a fair knowledge of the art, and the latter a good heart; in the second, J. G. Evans proved that a man can give away over 4 st. to a big fellow like Sandiford, and pile up points against him until the heavyweight "clocks" him good and hard—which, luckily for Evans, Sandiford did not do; perhaps it was by arrangement?

Results: (Preclinicals first).

Rees beat Sookias on points, having won the first and third rounds with the aid of a longer reach.

Hill beat Baum on points easily in a fight that was full of sound and fury, but very little hitting.

Bell lost to Bose on points; the latter would have won more easily if he had used more brains.

Henderson beat Friedburg on points, the latter being outweighed, outreached and outclassed, but game to the end.

Brady lost to Storey on points after a fairly close fight; the latter used the inside of the glove too much.

Atkinson knocked out Thompson in the second round, having lost the first round; Thompson started off like a hurricane, probably realizing that it was his only hope against a younger and fitter opponent. The winning blow seemed to take the winner as well as the loser by surprise.

White beat Nicholson, the fight being stopped in the third round. Nicholson did a lot of butting with his head, but to have a mountain constantly leaning on one must be very provoking.

ASSOCIATION FOOTBALL 1st XI.—Results for the 1936-7 season have so far been very good. The team has not been defeated, but has not yet really settled down to

good constructive football. Plunging straight into League Football without friendly matches to give the team practice may be responsible for this condition. However, individual performances are satisfactory, so that prospects for the remainder of the season are bright.

In the London University Senior League, Division I, four matches have been played, resulting in three wins and one draw. University College and King's College were beaten at Winchmore Hill, and Birkbeck College were beaten away. The drawn game was with Imperial College on their ground. At the time of writing Bart's head the league table, with the knowledge that there are many much stiffer games still to be played.

The season so far has shown that the Hospital possesses what must be one of the most effective forward lines it has had during the last few years. The wings are fast, and score goals regularly from their break-aways. The centre, A. R. James, is a fresher, and has settled down in the team admirably. He is a prolific goal-scorer, and always looks dangerous near the penalty area, where he wastes no time indulging in the finer touches of the game, but shoots straight and hard.

Brownlee, at inside-right, is better than ever. Grossmark, the inside-left, tends to wander too much, but does a prodigious amount of work to make up for it.

The defence is not so good as in years gone by. The fault lies in positional play and should soon be corrected. Howell, at centre-half, has kept his men working hard, so that the story of goals scored by opponents has not been too dreadful. The captain has performed nobly in goal. One really bright feature of the team's play has been the heading, which sets a very high standard for amateur soccer.

HOCKEY Fairly pleasant conditions prevailed for the match against **London University**, which was played at the University ground on Wednesday, October 28th. P. G. Hill opened the scoring for the Hospital, after a partial clearance by the University goalkeeper.

The University scored just before half-time to level the scores.

In the second half the University improved and scored two further goals.

The Hospital were handicapped by the absence of their three regular inside forwards.

Result: London University, 3; St. Bartholomew's Hospital, 1.

Played Wednesday, November 11th.

The match **v. University College Hospital** was played under very adverse weather conditions, and with the added discomfort of the absence of umpires. In spite of this the game produced many combined movements.

The game was very one-sided, the University College team being no match for Bart's.

The forwards combined very well, ably supported by halves and backs. Among the halves Sookias was very prominent.

Goals were scored by L. Eate 3, P. G. Hill 2, and R. A. House 1. The University College replied once.

Result: University College Hospital, 1; St. Bartholomew's Hospital, 6.

* * *

Played at Roehampton. *Won*, 5-3.

The game **v. Bank of England** was a new fixture for the Hospital, and resulted in our inflicting the first defeat of the season on our opponents. The wet ground produced a 'surprisingly fast and vigorous game. After ten minutes we were 2 goals up, Roberts and Newcombe scoring as the result of combined forward movements. The Bank scored with a good shot from a short corner, but goals by Hewitt and Harrison soon gave us a 4-1 lead. The Bank fought back well and their inside right scored with a hard drive to make it 4-2. Newcombe got away on the left wing from a good pass by Roberts and made the Hospital total 5; but just before half-time the Bank found our defence out of position and scored again. Thus we were leading 5-3 when the second half began, and one hoped to see our forwards continue their scoring methods, but for some reason they changed their tactics and kept the ball close, instead of swinging it about as they had been doing; as a result, although they did a lot of attacking, the Bank defence was equal to them and no further goals were forthcoming. On the other hand, the Bank forwards opened up their game, and made great efforts to penetrate the Bart's defence, but they were equally unsuccessful, and the final score was 5-3.

The whole of the Bart's team played well. Masina, Griffiths and Isaacs forming a formidable half-back trio, whilst the rest of the defence played a sound game when under pressure in the second half. May the forwards realize their above-mentioned mistake, and repeat the sparkling display they gave in the earlier part of the game. A most enjoyable game, and may it be a long-standing fixture.

* * *

Played at Camberley. *Lost*, 2-3.

It was an ideal afternoon for the match **v. Staff College, Camberley**, and the pitch being on the hard side made the hockey very fast.

The game started with our forwards pressing hard, and after a good passing movement on the right Harrison netted the first goal. Shortly before half-time they replied with a crisp shot to bring the score to 1-1 at half-time.

In the second half our forwards lacked that "little extra grit" that was needed to finish off some good movements, and offside were prevalent. Their forwards were quicker on to the ball than ours, and they scored two good goals in the second half to make the score 3-2.

Our weakness lay in our backs and the lack of co-operation between the halves and forwards; the halves tended to fall too far behind the forwards, thus enabling our opponents to intercept the passes from the halves.

The game was very fast and most enjoyable.

* * *

Played at Winchmore Hill. *Won*, 6-2.

It had been raining most of the week, and in consequence the ground was very heavy during the game **v. Nore Command**. Our first disappointment was the fact that two of the opponents got lost on the way to the ground and one did not arrive until after half-time. For the most part of the first half to even the teams we lent one of our players to the opponents. In the first half Newcombe, Roberts and Heyland scored, to make the score 3-0.

The second half brought the score to 6-2, Roberts scoring twice and Heyland once. The game was quite good, but it would have been better if the conditions had been different.

* * *

Played at Perivale. *Won*, 6-1.

It was a miserable day, and the ground was in a terrible condition through rain when Bart's played **University College Hospital**. Both sides had weakened teams, but the Bart's reserves played up well, and in the first half Eate managed to score 3 goals. In the second half Hill scored 2 goals and Newcombe 1, whilst our opponents netted once. The Bart's team played well under trying conditions, and with more steadiness in front of goal on the part of the forwards a mammoth score would have resulted.

Results 1st XI Hockey to date: Played 8, won 5, lost 3. Goals for, 31; against, 21.

CORRESPONDENCE

LISTERISM AT BART.'S.

To the Editor, 'St. Bartholomew's Hospital Journal'.

DEAR SIR,—In the current number (November) you give a most interesting account of Lord Lister and his first house surgeon at King's, namely Sir St Clair Thomson, dated 1877. I should like to place on record that St. Bart.'s were early in the field to recognize Lister. In July, 1876, Tom Smith (later Sir Thomas Smith) sent his house surgeon, Mr. Mark Vernon (a brother of the ophthalmic surgeon, Bowater Vernon), to work under Lister in Scotland for a month, so that on and after August 1st, 1876, the technique of the first antiseptic precautions as carried out by Lister himself were introduced to certain wards of this Hospital. As I temporized for Vernon during his absence I was lucky enough to be one of the earliest to profit by this experience. By the time Harrison Cripps was in charge of the ovariectomy beds true Listerism (*i. e.* asepsis rather than antisepsis) was spreading, and I think C. B. Lockwood was the first fierce exponent of real Listerism. I think I am correct in saying that Lawson Tait of Birmingham was the first who relied more thoroughly on boiling of all things possible, but he kept it rather secret, for others to find out for themselves the flaws that were inherent to antisepsis in many points.

Yours,
J. K. B.

November 14th, 1936.

OUR LAST NUMBER.

To the Editor, 'St. Bartholomew's Hospital Journal'.

DEAR MR. EDITOR,—I have just received this morning the November, 1936, issue of the *St. Bartholomew's Hospital Journal*, and I hasten to send you, as a past Chairman of the Publication Committee, my most sincere congratulations.

The issue is one worthy of the Medical College, and of all the traditions that lie behind it.

I would appreciate that this real praise may go to all concerned.

Believe me,
Yours sincerely,
W. McADAM ECCLES.

To the Editor, 'St. Bartholomew's Hospital Journal'.

DEAR SIR,—I want to tell you how much I have enjoyed this month's JOURNAL. My congratulations.

Yours sincerely,
E. J. BRADLEY.
5, Cliftonville Avenue,
Margate;

November 14th, 1936.

BACCHUS IN BELGRAVIA.

To the Editor, 'St. Bartholomew's Hospital Journal'.

SIR,—It was a shock to find Mr. Flavell, who wrote so skilfully of the pleasures of the bath, pretending (I trust it is only that) to be a lifelong total abstainer and to believe in the tenets of the Independent Order of Rechabites.

I also received a copy of the Rev. Dr. Weeks's pamphlet, and gained a little entertainment in determining which institution showed the highest consumption of "alcohol". Actually this honoured position is held by a sea-bathing establishment in a town famous for its ragworms and mud; but then the diet there is gargantuan, for not only do their patients consume 28'5d. worth of "alcohol", but also about £7 worth of milk *per capita* yearly, in contrast to the modest 1'8d. of "alcohol" and ten shillingsworth of milk consumed here.

Mr. Flavell was pained to find that another great teaching hospital spent 20'4d. *per capita* on "alcohol" (it only gains fifth place in the final classification), but this did not surprise me, for it has long been rumoured that the residents there usually drink a bottle of Bristol cream apiece while dressing for dinner and waiting for the chaplain to arrive to bless the meats. I do not believe this story. In the clear air of Madrid a litre or so of manganilla, served in tall beakers with a medley of mariscos, could be sipped before a nine-o'clock dinner, but a bottle of sherry is too much before dinner in England, and certainly Bristol cream is too rich; still those that

I have met from that hospital usually understood something of wine, and so no doubt realized that what was good for them was good for their patients.

The distressing point in the Rev. Dr. Weeks's statistics is the lack of distinction between "alcohol" and potable liquors which happen to contain some ethyl alcohol as one of their ingredients; in fact the reverend doctor regards a flask of wine as equal to a third of a flask of brandy!

Alcohol—ethyl alcohol—is only of service in therapeutics as a vehicle for substances insoluble in water, applied externally as a rubefacient, and in a fractional test-meal as a stimulant of gastric secretion; its deleterious effects when drunk in a crude state are unnecessary to describe.

The merits of wines, spirits and malt liquors lies not in their alcoholic content, but in the esters, essential oils and other mystic substances which they contain, and each must be taken in its right place and season. No one in his senses would drink a half bottle of mulled champagne, yet there is no finer specific for a febricula than hot rum punch taken in bed with Captain Dover's powder, aspirin and calomel.

I was medical clerk to a physician who often prescribed liquor Guinness, always pointing out that its special merit lay in the Liffey water from which it was made. He insisted that the four common spirits were kept in the wards so that a pneumonic patient might receive his accustomed tippie, and in clinical lectures would emphasize the restorative value of champagne, and the importance of ensuring that brandy was not of the crude fiery variety, but a well-matured specimen, rich in bouquet and smooth to the palate, for only those would be of therapeutic value.

It is not necessary to recount the merits of wine as a beverage or a medicine. The longevity of the vineyard workers who drink on an average three litres of wine a day is proverbial, and there is the sad story of the monks of Eitelsbach who had been accustomed to drink two litres a day and under a new abbot their allowance was reduced to a litre. The monks began to die in alarming numbers, and the only abnormality found at post-mortem was that they were "on ullage". Against his will the abbot ordered the restoration of the old ration and the monastic death-rate fell. Aschoff has long maintained that wine is a preventative of atheroma, and recent experimental work has partially confirmed this. Before the introduction of lemon-juice as an antiscorbutic, spruce beer or even ordinary beer was of considerable value in this respect, though in modern brewing practice, where high dried kilned malt is used, the vitamin is destroyed.

To drink with the object of drowning one's sorrows or so that one is sorry for it in the morning is stupid, and if the liquor is good, criminal; but there is no greater contentment than that sense of quiet well-being which comes at the end of a dinner, as one sits with good company in candlelight, nibbling a walnut or medlar, and the port or madeira are circulating.

The *Satyricon* may—as Mr. Flavell suggested—be a perfect bath book, but certainly *Bartholomaeus Anglicus* (from which he quotes) in the Berthelet edition of 1535 is not, and could only be read in comfort in a high-backed chair by a log-fire, with a bottle of Bual or Malmsey by one's side. Personally I am against bath reading; if it is not to be very messy it entails too much concentration, and the soaking process is the time when the mind should be free to wander where it will, and great thoughts and little fancies be woven together into pretty designs. Distant but familiar music is the only distraction I enjoy. Mozart or Haydn quartets are admirable, so is the cembalo music of Couperin, Bach or Rameau, and possibly in a voluptuous mode Scheherazade or the Dance of the Seven Veils, though they savour too much of the harem of Fakreddin for most occasions.

But to return to "Alcohol in Hospital Practice", a recent visit to Wurzburg gave me an idea which might be employed to augment the Hospital coffers. Wurzburg is not only famous for its baroque buildings, but also as the centre of the Franken vineyards. In the town there are two old hospitals which have arisen from monastic foundations. One, the Julius Spital, is the University Clinic where Virchow worked from 1848 till 1855 and evolved his all-important idea of "cellular pathologie"; the other, the Burgerspital, is now a home for the elderly and infirm, but they both own some of the best of the Stein vineyards and make admirable wine. Instead of consuming it all themselves or giving it to the inmates, they have built wine taverns within the hospital walls, where all may come and drink the wine from its elegant bocksbeutel. At night, on entering the hospital gateway, a porter asks which ward is required, and on the word "weinstube" you are directed to a panelled room with

oak tables and benches, not too brightly illuminated, and on the wall are old prints and an image of St. Urbanus. The servitors wear leather jerkins, and apart from the wine (the Burgerspital wine-list offers twenty-seven different wines, ranging in price from tenpence to five pounds a bottle) simple foodstuffs are served, but no proper meals. A sort of unleavened bread warm from the girdle is sold, and is the finest accompaniment to wine I have yet eaten. There was no question as to their popularity, both taverns being crowded with students, professors and townspeople, and I was assured that the venture added considerably to the hospitals' income.

Why should we not copy this idea? Being a separate parish the matter of a licence should not be difficult, and we could brew our own ale (or get a special type brewed for us, though this would be cheating) and serve "Auntie Hope's Cider", Abernethy biscuits, and possibly those tartlets flavoured with L.S.A. that Sir Norman Moore wrote of.

I would not desire it to be a rival to the "W. H." or our jakian-walled restaurant, but it could be made attractive for sightseers, and possibly residents would be able to receive refreshment at all hours, though this would be a nice point for Mr. A. P. Herbert and the licensing magistrates to wrangle over.

Naturally all would have to behave in a decent and seemly manner, as is fitting in a religious house, and any excesses would be sternly dealt with. To ensure this the ancient privilege of the matron might be revived and the licence held in her name.

From the second foundation of the Hospital under Henry VIII the matron had the right of selling beer and ale in her cellar, but she was enjoined in her charge—"Also ye shall suffice no poore persone of this house to sitt and drynke within your house at no tyme, neyther shall ye sende them drynke into their wardes". However, it was difficult to carry this out, and only twelve years later, in 1559, the matron was forbidden to sell ale. This order was soon ignored, and in 1643, on the election of a new matron, Margaret Blague, she was warned not to keep beer nor to allow tipping there. Still, in 1697, when Mary Libanus was pensioned off, it was agreed that her successor should receive £40 salary and the profits of the cellar. The end came in 1707, during the expansion of the Hospital, when it was decided to make a new ward in the room over the cellar where the matron sold her beer and ale, and in 1717 Elizabeth Barber complained that in addition to the salary, her predecessors had the liberty of retailing beer and ale, which was worth forty pounds. How she was placated Sir Norman Moore did not record.

So for a sign for our tavern what could be more appropriate than the "Matron's Cellars", or if this is too nearly *lèse-majesté*, then the "Kenton Head"? This would be a suitable reminder of Benjamin Kenton, the innkeeper of the "Crown and Magpie" in Aldgate, who made a fortune from exporting beer to the Indies; his was the only brand that travelled successfully, because he left sufficient air-space in the bottles to allow for expansion. On his death in 1800 he left over five thousand pounds to the Hospital.

I remain, Sir,

Your obedient servant,

A. H. T. R.-S.

REVIEWS

Laboratory Practice: A Manual of Public Health. By J. R. CURRIE. (Edinburgh: E. & S. Livingstone, 1936.) Pp. 378. 169 figures in text. Price 21s. net.

This work is a "bench book" for use in public health laboratories. The author is himself responsible for the sections on chemistry, which deal with analytical methods for foodstuffs and other materials on bacteriology, in which are described the laboratory methods of diagnosing the more important infective diseases and for detecting bacterial contamination in water, milk and other foodstuffs, and finally that on meteorology—an unusual addition in which the element of practical application is naturally not so prominent. Sections of somewhat similar length to these on Protozoology, Helminthology and Entomology are contributed by three of the author's colleagues in the University of Glasgow, and in these the medical and practical viewpoints tend rather to be obscured by the zoologist's determination adequately to describe a number of species, some of which, among the tape-worms, for instance, are of little or no importance—at least in this country. The line drawings with which the text is freely illustrated usually serve their purpose well, although those representing amœbæ might be re-drawn in order to emphasize the points of distinction between *E. histolytica* and *E.*

coli, which in the present figures are far from clear. In its general purpose this book undoubtedly succeeds, and its chief merit lies in furnishing practical information on a variety of subjects unconnected except by the needs of the public health officer. It cannot serve in the place of a text-book for any of them, and the user will be well advised sometimes to consult other and fuller authorities.

A Handbook of Diseases of Children. By BRUCE WILLIAMSON, M.D., M.R.C.P. Second edition. (Edinburgh: E. & S. Livingstone.) Pp. xii + 329. Price 10s. 6d.

This little book on paediatrics will satisfy those who want a brief survey of the disorders of infancy and childhood without being told very much about any of them. It has all the defects of condensation, including dullness and inaccuracy. The book itself should not be condemned, for in its class it is good.

The publishers having, no doubt, noted the beneficial effects of auxiliary absorption, have gone one better with this volume and produced a most luxurious pocket edition. May the transference of knowledge be thereby expedited.

Recent Advances in Radiology. By PETER KERLEY. Second edition. (J. & A. Churchill, 1936.) Pp. 322. Price 15s.

In the second edition of this book the chapters are devoted wholly to diagnostic radiology, and the description of diseases of the heart and lungs again predominates.

The title of *Recent Advances in Radiology* is somewhat deceptive, as the book describes for the most part well-recognized methods of investigation.

In this edition one welcomes the description of the X-ray kymograph, but one misses any reference to arteriography. Similarly with such an adequate description of diseases of the lungs one would have liked to have had the advantage of the author's opinion of the tomograph.

The book is well illustrated, and many of the dogmatic statements in it, so pleasing when one knows the author, may be misleading to the student of radiology, especially as many of them contain an element of truth.

The classification of the tuberculous cavities into those which can be demonstrated at post-mortem and those which cannot is hardly satisfactory, even to radiologists.

Halliburton's Essentials of Chemical Physiology. Edited by J. A. HEWITT and W. ROBSON. Thirteenth edition. (Longmans, Green & Co.) Pp. xi + 350. 55 illustrations and one coloured plate. Price 9s.

The appearance of a new edition of this well-known book is proof of its popularity and its usefulness to second- and third-year medical students.

The essential character of the book remains unaltered, but the method adopted in former editions of dividing it into elementary and advanced sections has been abandoned, and the subject-matter of these parts fused. This is a decided improvement.

The deletion of the section on organic chemistry and the inclusion of quantitative experiments, such as the collection and analysis of gastric juice, used as aids in clinical diagnosis, has greatly enhanced the value of this edition.

The section on physical chemistry is better placed at the beginning of the book as in the twelfth edition, rather than postponed until Chapter V as in the present edition.

The experiments are all carefully selected, and the most important recent advances have been incorporated in the text.

Bainbridge and Menzies' Essentials of Physiology. Edited by H. HARTBRIDGE, M.A., M.D., M.R.C.P., F.R.S. Eighth edition. (Longmans, Green & Co.) Pp. 651. With illustrations. Price 14s.

The new edition of this well-known text-book has been brought completely up to date. New chapters have been written on the nutrition of the heart, on the oxygen-carrying power of the blood, on the vitamins, on synapses, and on pregnancy and parturition, and a number of new illustrations included.

The arrangement remains practically unaltered. In order to keep the size of the book within reasonable proportions the text is condensed and in more or less tabular form, and hence the student cannot afford to skip any part of the subject-matter. Whether it is wise at present to mention such recent work as that on vitamins B₃ and B₄, about which so little is known, and still less proven, is open to question.

One or two errors exist in the index, and the omission of the final "e" in names such as adrenaline, thyroxine, creatinine, etc., is to be deprecated, especially since the text and the index are not consistent on this point.

A Manual of Practical Anatomy. Part III: The Head and Neck. By THOMAS WALMSLEY. Second edition. (London: Longmans, Green & Co., Ltd., 1936.) Pp. viii + 357. 133 figures. Plate III. Price 12s. 6d. net.

This book is, as the author claims for it, essentially a manual for use in the dissecting-room. In this edition an introduction is included which should be extremely helpful to the student before commencing the dissection.

The subject-matter is admirably arranged without unnecessary detail, and the student should have no difficulty in displaying any of the structures and following their relations. Many new diagrams have been added.

The scope of this book is further enhanced by the addition of a few X-ray photographs, as it is now generally recognized that the study of these should form an essential part of the students' anatomical training.

In dealing with the anatomy of the living body the author has not given so full a description as in Part I of this edition.

We would have no hesitation in recommending this book to medical students.

Illustrations of Regional Anatomy. By E. B. JAMIESON, M.D. In two sections. Section VI: Upper Limb; 42 plates, price 7s. 6d. net. Section VII: Lower Limb, 52 plates, price 10s. net. (Edinburgh: E. & S. Livingstone, 1936.)

With the publication of Parts VI and VII of *Illustrations of Regional Anatomy* Dr. Jamieson has now completed the series of useful drawings and schematic diagrams of the entire body. Many of the diagrams are very instructive and original, but others are somewhat stereotyped.

The absence of an explanatory text has been compensated for by the ample and clear labelling of all the structures. The outlines of the bones are useful in some instances, but in others they are too prominent, and so obscure the relations of other structures.

These booklets should help the student to visualize and revise the relations of the "parts" which they have previously dissected.

We have also received the following:

THE INCIDENCE OF ANÆSTHETIC COMPLICATIONS AND THEIR RELATION TO BASAL NARCOSIS. By C. J. M. DAWKINS, M.A., M.D., D.A. (John Murray.) 3s. 6d. net.

A MEDICAL HANDBOOK FOR NURSES. By I. STEWART, S.R.N. Third Edition. (Faber & Faber.) 6s. net.

EXAMINATIONS, ETC.

University of Cambridge

The following degrees have been conferred:

M.B.—Dahne, S. F. L.

British College of Obstetricians and Gynaecologists

The following have been admitted to the **Membership**:

Abernethy, D. A., Robertson, I. M., Rosser, E. ap I., Sugden, E. C.

Royal College of Surgeons

The following were successful at the Examination for the **Primary Fellowship**:

Haggag, H., Innes, A., Talwalkar, M. G.

Royal Colleges of Physicians and Surgeons

The following Diplomas have been conferred:

D.P.H.—Greenfield, C. R. M.

D.A.—Corfield, C.

CHANGES OF ADDRESS

BULL, L. J. F., Rhosydd, Llanfyllin, Mont.

COWAN, G. A., 76, Wimpole Street, W. 1. (Tel. Welbeck 4327.)

DAVIES, H. H., 1, Auckland Villas, Darjeeling, Bengal, N. India.

ELMSLIE, R. C., 23, Park Crescent, W. 1. (Tel. Welbeck 4128.)

GRAHAM POLE, R. M., "Dobbs", High Bickington, Umerleigh, R.S.O., North Devon. (Tel. High Bickington 8.)

HAMILTON, Lt.-Col. W. G., I.M.S. (ret.), "Dunaivon" Rhu, Dumbartonshire.

SAVAGE, R. W., 12, Gloucester Road, Bishopston, Bristol, 7. (Tel. Bristol 45228.)

SCOTT, A. W., 65, Harley Street, W. 1. (Tel. Langham 1534—unchanged.)

WILLIAMS, H. M., The Green Croft, 14, Sandecotes Road, Parkstone. (Tel. Parkstone 1160.)

Correction.

RAIT-SMITH, B., 1¹/₂, Hyde Park Mansions, N.W. 1.

BIRTHS

BUNCOMBE.—On November 3rd, 1936, at a Norwich nursing home, to Grace Ellen, wife of Dr. G. H. Buncombe, of Gorleston—a daughter.

GOODHART.—On October 27th, 1936, at 3, Wilbraham Place, S.W. 1, to Blanche (*née* Robertson), wife of Douglas Goodhart—a son.

HEWLINGS.—On October 25th, 1936, at 20, Devonshire Place, London, W. 1, to Brab, wife of N. J. P. Hewlings—a daughter.

MILNER.—On November 4th, 1936, at "Blythwood", Harpenden, to Monica (*née* Mardall), wife of J. G. Milner, F.R.C.S.—a daughter.

WILSON.—On November 15th, 1936, at Brickfields, Harrow-on-the-Hill, to Ruth, wife of Henry Wilson, M.D.—a daughter.

MARRIAGES

BEATTIE—SMITH.—On October 29th, 1936, at Lamesley, Gateshead, Davis Andrew Beattie to Frances Olive Smith.

COSGROVE—ROBERTSON.—On November 4th, 1936, at Brompton Oratory, Edward Cecil, only son of the late Dr. Edward and the late Mrs. Cosgrove, of Kilcock, Kildare, Ireland, to Jessie, youngest daughter of Mr. and Mrs. William Robertson, of Moorcroft, Buxton.

LANE—DOWGLASS.—On October 24th, 1936, at Cirencester Parish Church, Charles Roger Tyssen Lane, elder son of Mr. and Mrs. W. A. P. Lane, of Ashted, Surrey, to Anne Louise, only daughter of Mr. and Mrs. A. P. Dowglass, of Cirencester, Glos.

LEWIS—HODGSON.—On October 28th, 1936, at the Church of St. Bartholomew-the-Less, Clifford Longden Lewis, elder son of Mr. and Mrs. Robert Lewis, of Westcliff-on-Sea, to Mary Priscilla, elder daughter of Mr. and Mrs. Alfred Bowyer Hodgson, of Malaga, Spain.

DEATHS

CUMMING.—On November 18th, 1936, after a short illness, at St. Mawes, Cornwall, John Hamilton Cumming, M.R.C.S., of 350, Queen's Gate, London, aged 51.

GLOVER.—On September 3rd, 1936, Dr. Reginald James Cecil Glover, M.A., F.R.G.S., of Denholme Gate, Bradford, Yorks.

GREAVES.—On November 18th, 1936, knocked down by car in Cardiff, Dr. G. Gordon Greaves, aged 51.

MORRICE.—On October 22nd, 1936, at Glebe House, Weymouth, George Gavin Morrice, M.D., F.R.C.P., aged 77.

NEAVE.—On October 24th, 1936, at a nursing home in London, Sheffield Henry Morier Neave, M.R.C.P., of Mill Green Park, Ingatestone, aged 83.

SADLER.—On November 7th, 1936, at Barnsley, Yorkshire, Francis Joseph Sadler, M.D., aged 69.

WILLOUGHBY.—On November 4th, 1936, at St. Bartholomew's Hospital, Dr. W. M. Willoughby, B.A., M.D., D.P.H.(Camb.), Medical Officer of Health, City of London, of Horsell Rise Cottage, Woking.

NOTICE

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, E.C. 1.

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